

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/589533	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1					
2		1					52		1					
3		1					53		2					
4		1					54		2		1			
5		1					55		2		1			
6		2					56		2		1			
7		2					57		2		1			
8		2					58		2		1			
9		2					59		2		1			
10		2					60		2		1			
11		2					61		2		1			
12		2					62		2		1			
13		2					63		2		1			
14		2					64		2		1			
15		2					65		2		1			
16		2					66		2		1			
17	1		1				67		2		1			
18		1		1			68		2		1			
19		1		1			69		2		1			
20		1		1			70		2		1			
21		1		1			71		2		1			
22		1		1			72		2		1			
23		1		1			73		2		1			
24		1		1			74		2		1			
25		1		1			75		2		1			
26		1		1			76		2		1			
27		1		1			77		2		1			
28		1		1			78		2		1			
29		1		1			79		2		1			
30		1		1			80		2		1			
31		1		1			81		2		1			
32		1		1			82		2		1			
33	1		1				83		2		1			
34		1		1			84		2		1			
35		1		1			85		2		1			
36		1		1			86		2		1			
37		1		1			87		2		1			
38		1		1			88		2		1			
39		1		1			89		2		1			
40		1		1			90		2		1			
41		1		1			91		2		1			
42		1		1			92		2		1			
43		1		1			93		2		1			
44		1		1			94		2		1			
45		1		1			95		2		1			
46		1		1			96	1	1					
47		1		1			97		1		1			
48	1		1				98		2		1			
49		1		1			99		2		1			
50		1		1			100		2		1			
TOTAL IND.		↓		↓		↓	TOTAL IND.	5	↓	4	↓		↓	
TOTAL DEP.		←		←		←	TOTAL DEP.	100	←	43	←		←	
TOTAL CLAIMS							TOTAL CLAIMS	105		47				